

Christina Pramudji, M.D.

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IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
CHARLESTON DIVISION

IN RE: ETHICON, INC.,) MASTER FILE NO.
PELVIC REPAIR SYSTEM) 2:12-MD-02327
PRODUCTS LIABILITY)
LITIGATION)
-----) MDL 2327
)
Joy Essman) IN RE TVT & TVT-O
Case No. 2:12-cv-00277)
)
Barbara A. Hill) JOSEPH R. GOODWIN
Case No. 2:12-cv-00806) U.S. DISTRICT JUDGE
)
Paula Kriz)
Case No. 2:12-cv-00938) DEPOSITION OF
) CHRISTINA PRAMUDJI, M.D.
Brenda Riddell)
Case No. 2:12-cv-00547)
)
Sharon Carpenter)
Case No. 2:12-cv-00554)
)
Mary Jane Olsen)
Case No. 2:12-cv-00470)
) MARCH 24, 2016
Virginia White)
Case No. 2:12-cv-00958)
)
Sandra Wolfe)
Case No. 2:12-cv-00335)
)
Marie Smith (f/k/a Banks))
Case No. 2:12-cv-01318)
)
Sherry Fox)
Case No. 2:12-cv-00878)
)
Lois Durham)
Case No. 2:12-cv-00760)
)
Elizabeth Blynn Wilson)
Case No. 2:12-cv-01286)

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<p>1 Daphne Baker) Case No. 2:12-cv-00899) 2) 3 Wendy Hagans) Case No. 2:12-cv-00783) 4) 5 Maria Eugenia Quijano) Case No. 2:12-cv-00799) 6) 7 Sharon Boggs) Case No. 2:12-cv-00368) 8) 9 Robin Bridges) Case No. 2:12-cv-00651) 10) 11 Carey Cole) Case No. 2:12-cv-00483) 12) 13 Cathy Warlick) Case No. 2:12-cv-00276) 14) 15 Donna Amsden) Case No. 2:12-cv-00960) 16) 17 Heather Long) Case No. 2:12-cv-01275) 18) 19 Penny Rhynehart) Case No. 2:12-cv-01119) 20) 21 Nancy Jo Williams) Case No. 2:12-cv-00511) 22) 23 Maria Stone) Case No. 2:12-cv-00652) 24) 25 Teri Key Shively) Case No. 2:12-cv-00379) 26) 27 Charlene Logan Taylor) Case No. 2:12-cv-00376) 28) 29 Tina Morrow) Case No. 2:12-cv-00378) 30) 31 Carol Jean Dimock) Case No. 2:12-cv-00401)</p>	<p>1 APPEARANCES: 2 WAGSTAFF & CARTMELL, LLP 3 BY: ANDREW N. FAES, ESQUIRE 4 afaes@wcllp.com 5 4740 Grand Avenue, Suite 300 6 Kansas City, Missouri 64112 7 (816) 701-1100 8 Counsel for Plaintiffs 9 10 EDWARDS & DE LA CERDA, P.L.L.C. 11 BY: PETER DE LA CERDA, ESQUIRE 12 peter@edwardsdelacerda.com 13 (Via Speakerphone) 14 3031 Allen Street, Suite 100 15 Dallas, Texas 75204 16 (214) 550-5239 17 Counsel for Amsden Plaintiff 18 19 HERMAN, HERMAN & KATZ, LLC 20 BY: MIKALIA M. KOTT, ESQUIRE 21 mkott@hklawfirm.com 22 (Via Speakerphone) 23 820 O'Keefe Avenue 24 New Orleans, Louisiana 70113 25 (504) 581-4892 26 Counsel for Taylor and Shively 27 Plaintiffs 28 29 THE POTTS LAW FIRM, LLP 30 BY: STEPHEN R. RICKS, ESQUIRE 31 sricks@potts-law.com 32 (Via Speakerphone) 33 100 Waugh Drive, Suite 350 34 Houston, Texas 77007 35 (713) 963-8881 36 Counsel for Carpenter Plaintiff</p>
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<p>1 - - - 2 3 Thursday, March 24, 2016 4 - - - 5 Oral Deposition of CHRISTINA 6 PRAMUDJI, M.D., In Re TVT and TVT-O, taken 7 pursuant to notice, was held at the Westin 8 Houston, Memorial City, 945 Gessner Road, 9 Houston, Texas, beginning at 11:10 a.m., on 10 the above date, before Micheal A. Johnson, 11 Registered Diplomate Reporter, Certified 12 Realtime Reporter, and Notary Public for the 13 State of Texas. 14 15 16 - - - 17 18 19 20 21 22 23 24</p>	<p>1 APPEARANCES: 2 BUTLER SNOW LLP 3 BY: WILLIAM M. GAGE, ESQUIRE 4 william.gage@butlersnow.com 5 1020 Highland Colony Parkway 6 Suite 1400 7 Ridgeland, Mississippi 39157 8 (601) 948-5711 9 Counsel for Defendants 10 11 - - - 12 13 14 15 16 17 18 19 20 21 22 23 24</p>

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1	INDEX			1	PROCEEDINGS		
2	CHRISTINA PRAMUDJI, M.D.			2	CHRISTINA PRAMUDJI, M.D.,		
3	March 24, 2016			3	having been first duly sworn,		
4	APPEARANCES	4		4	testified as follows:		
5				5	EXAMINATION		
6	EXAMINATION OF CHRISTINA PRAMUDJI, M.D.:			6	BY MR. FAES:		
7	BY MR. FAES	8		7	Q. Doctor, my name is Andy Faes,		
8	BY MR. GAGE	66		8	and I'm here to take your deposition now		
9	BY MR. FAES	68		9	regarding the TVT and TVT-O case. Do you		
10				10	understand that?		
11	CERTIFICATE	69		11	A. Yes.		
12	ERRATA	71		12	Q. You understand that you're		
13	ACKNOWLEDGMENT OF DEPONENT		72	13	still under oath from earlier and you're		
14	LAWYER'S NOTES	73		14	still sworn to tell the truth, correct?		
15				15	A. Yes.		
16				16	Q. And again, as before, if I ask		
17				17	a question that doesn't make sense to you,		
18				18	please let me know and I'll try to rephrase		
19				19	the question.		
20				20	A. Okay.		
21				21	MR. FAES: I'm just going to		
22				22	continue the exhibit numbers. Is that		
23				23	okay?		
24				24	MR. GAGE: That's fine.		
Page 7				Page 9			
1	DEPOSITION EXHIBITS			1	(Deposition Exhibit 18 marked.)		
2	CHRISTINA PRAMUDJI, M.D.			2	BY MR. FAES:		
3	March 24, 2016			3	Q. Doctor, I'm going to hand you		
4	NUMBER DESCRIPTION MARKED			4	what's been marked as Exhibit No. 18 to your		
5	Exhibit 18 Expert Report of	9		5	deposition. Can you tell me what that is?		
6	Christina Pramudji, M.D.			6	MR. GAGE: And just for the		
7	Exhibit 19 CV of Christina Klein	14		7	record, when he says, "We're		
8	Pramudji			8	continuing the exhibit numbers," he		
9	Exhibit 20 04/21/2014 E-mail String	34		9	means we're continuing the exhibit		
10	Exhibit 21 Gynecare TVT	43		10	numbers that were marked from		
11	Tension-free Vaginal			11	Dr. Pramudji's prior deposition that		
12	Tape System -			12	was this morning and then yesterday in		
13	Instructions For Use			13	the Prolift, Prosima and Gynemesh PS		
14	PREVIOUSLY MARKED EXHIBITS			14	cases.		
15	NUMBER DESCRIPTION REFERENCED			15	MR. FAES: Right. And we		
16	Exhibit 13 10			16	may -- actually, we are going to refer		
17				17	back to some of those exhibits as		
18				18	well.		
19				19	A. This is my expert report		
20				20	containing my opinions about the TVT.		
21				21	BY MR. FAES:		
22				22	Q. Does this report contain each		
23				23	of the opinions you've reached regarding the		
24				24	TVT and TVT-O?		

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<p>1 A. Yes, thus far.</p> <p>2 Q. Now, this report discussed</p> <p>3 various facts. Did you discuss the facts in</p> <p>4 your report that you felt were the most</p> <p>5 important to you in drawing your opinions in</p> <p>6 this report?</p> <p>7 A. Yes.</p> <p>8 Q. And there are articles cited</p> <p>9 here in your report. And in terms of your</p> <p>10 decision-making and writing the report, why</p> <p>11 did you cite to those articles in your</p> <p>12 report?</p> <p>13 A. I felt like those articles had</p> <p>14 the best level I data, as far as randomized</p> <p>15 control trials, and reviews which were the</p> <p>16 most rigorous.</p> <p>17 BY MR. FAES:</p> <p>18 Q. And you've also got a reliance</p> <p>19 list which is in front of you, which is</p> <p>20 previously marked as Exhibit 13 in your</p> <p>21 previous deposition. Is that all -- is that</p> <p>22 a list of all the material that you've</p> <p>23 reviewed and relied upon for your TVT and</p> <p>24 TVT-O opinions in addition to the materials</p>	<p>1 estimate that you spent?</p> <p>2 A. Maybe ten hours.</p> <p>3 Q. And what previous report did</p> <p>4 you modify to create the report that's in</p> <p>5 front of you?</p> <p>6 A. I had done a TVT report in a</p> <p>7 previous case, I think it was -- was it --</p> <p>8 Bellew, if I remember correctly.</p> <p>9 Q. I don't think it was Bellew.</p> <p>10 A. No. Oh, Huskey. Huskey.</p> <p>11 Q. Okay. And that report was</p> <p>12 issued in 2014; is that correct?</p> <p>13 A. That sounds about right.</p> <p>14 Q. So you hadn't updated your TVT</p> <p>15 or TVT-O opinions between 2014 and when this</p> <p>16 report was signed in February of this year?</p> <p>17 A. I believe that's correct.</p> <p>18 Q. Do you recall specifically any</p> <p>19 new opinions that you have that are contained</p> <p>20 within this report that are important to you</p> <p>21 that have changed since the last time you</p> <p>22 were deposed in 2014 and testified?</p> <p>23 A. No.</p> <p>24 Q. Doctor, I've added up the</p>
Page 11	Page 13
<p>1 cited in your report?</p> <p>2 A. Yes, I believe so.</p> <p>3 Q. Are there any materials that</p> <p>4 you reviewed or relied upon in forming your</p> <p>5 opinions that are not either listed in your</p> <p>6 report marked as Exhibit 18 or in your</p> <p>7 reliance list marked as Exhibit 13?</p> <p>8 A. Not that I can think of right</p> <p>9 now.</p> <p>10 Q. Can you tell me when you were</p> <p>11 first contacted about being an expert for</p> <p>12 this case, meaning this particular report? I</p> <p>13 know you've served as an expert for TVT and</p> <p>14 TVT-O in the past, but when were you first</p> <p>15 contacted to be an expert for this particular</p> <p>16 wave?</p> <p>17 A. I believe it was in November of</p> <p>18 2015.</p> <p>19 Q. And how many hours would you</p> <p>20 say you've spent completing your general</p> <p>21 report?</p> <p>22 A. Well, I just had to modify a</p> <p>23 previous report, so it wasn't that much time.</p> <p>24 Q. And how many hours would you</p>	<p>1 number of hours that you estimate you've</p> <p>2 worked for these Wave 1 cases. You told me</p> <p>3 that you estimated between 30 and 50 hours</p> <p>4 for each case-specific report, which would</p> <p>5 put you between 420 and 700 hours. Do you</p> <p>6 have any reason to disagree with my math on</p> <p>7 that?</p> <p>8 A. No, that sounds right.</p> <p>9 Q. And those hours would be billed</p> <p>10 at \$600 an hour, correct?</p> <p>11 A. Correct.</p> <p>12 Q. So if you multiply those</p> <p>13 numbers, I estimate that you will be paid</p> <p>14 approximately between 252,000 and \$420,000</p> <p>15 just for your case-specific opinions in this</p> <p>16 Wave 1; is that correct?</p> <p>17 A. That sounds like correct math.</p> <p>18 Q. And in addition, you'll bill</p> <p>19 approximately \$36,000 for your TVT-O general</p> <p>20 report and your Prosima Gynemesh PS and</p> <p>21 Prolift report, based on 50 hours for the</p> <p>22 Prosima, Prolift, Gynemesh PS report and</p> <p>23 ten hours for the TVT report. Does that</p> <p>24 sound correct?</p>

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<p style="text-align: right;">Page 14</p> <p>1 A. Yes.</p> <p>2 Q. So in total, if my math is</p> <p>3 correct, you stand to be paid by Ethicon's</p> <p>4 attorneys somewhere between 288,000 and</p> <p>5 \$456,000 for the reports you've issued in</p> <p>6 this Wave 1?</p> <p>7 A. Yes.</p> <p>8 Q. Doctor, you've provided a CV</p> <p>9 with your report; is that correct?</p> <p>10 A. Yes.</p> <p>11 Q. I'll make another copy of your</p> <p>12 CV as 19. It's one that was with the report,</p> <p>13 but I don't think that's going to materially</p> <p>14 affect the questions I'm going to ask.</p> <p>15 (Deposition Exhibit 19 marked.)</p> <p>16 BY MR. FAES:</p> <p>17 Q. Doctor, within your CV is a</p> <p>18 list of publications. Do any of the</p> <p>19 publications in your CV specifically address</p> <p>20 the TVT or TVT-O?</p> <p>21 A. No.</p> <p>22 Q. You've never published in the</p> <p>23 area of sling complications; is that right?</p> <p>24 A. That's correct.</p>	<p style="text-align: right;">Page 16</p> <p>1 of the sling or the mechanically cut version</p> <p>2 of the sling?</p> <p>3 A. I don't know.</p> <p>4 Q. Do you know how to tell the</p> <p>5 difference if you were to pick up the box?</p> <p>6 A. I believe that the -- no, I</p> <p>7 really don't.</p> <p>8 Q. And you do know that both the</p> <p>9 TVT Exact and the TVT Abbrevio products are</p> <p>10 only offered in laser cut mesh, right?</p> <p>11 A. I don't really know. I don't</p> <p>12 really pay attention.</p> <p>13 Q. You don't know?</p> <p>14 A. It doesn't matter clinically.</p> <p>15 Q. Do you -- are you currently</p> <p>16 still using the Solyx device?</p> <p>17 A. No.</p> <p>18 Q. Did you ever end up enrolling</p> <p>19 any patients for the Solyx clinical trial?</p> <p>20 A. No. I moved practices in</p> <p>21 the -- midstream of setting up that trial,</p> <p>22 and it was just too cumbersome to try to set</p> <p>23 it up and start my own business at the same</p> <p>24 time.</p>
<p style="text-align: right;">Page 15</p> <p>1 Q. Do any of your publications</p> <p>2 specifically address midurethral</p> <p>3 polypropylene slings?</p> <p>4 A. No.</p> <p>5 Q. I realize you've been asked</p> <p>6 this, but it's been a couple of years.</p> <p>7 Doctor, what slings do you currently use?</p> <p>8 A. Currently use the TVT Exact,</p> <p>9 TVT Obturator and TVT Abbrevio.</p> <p>10 Q. Have you done preceptorships</p> <p>11 for all three of those products?</p> <p>12 A. I have not done preceptorships</p> <p>13 for TVT Exact and retropubic TVT, but I did</p> <p>14 do preceptorships for Obturator and Abbrevio.</p> <p>15 Q. That's what I thought you were</p> <p>16 going to say. So you no longer, at least</p> <p>17 currently, use the TVT retropubic or classic</p> <p>18 TVT product; you only use the TVT Exact,</p> <p>19 which I understand is also a retropubic</p> <p>20 sling, but it's not the original 1998</p> <p>21 version, correct?</p> <p>22 A. Correct.</p> <p>23 Q. When you use the TVT-O sling,</p> <p>24 do you know if you use the laser cut version</p>	<p style="text-align: right;">Page 17</p> <p>1 Q. Have you implanted any Solyx</p> <p>2 devices in the last three years?</p> <p>3 A. No, I don't believe so.</p> <p>4 Q. Have you implanted any products</p> <p>5 other than -- strike that.</p> <p>6 Have you implanted any</p> <p>7 midurethral polypropylene slings other than</p> <p>8 the TVT Exact, TVT-O and TVT Abbrevio in the</p> <p>9 last three years?</p> <p>10 A. I think I tried the Mini-Arc</p> <p>11 once or twice.</p> <p>12 Q. So it's --</p> <p>13 A. But that's all I can remember.</p> <p>14 Q. What would you say is your</p> <p>15 sling of choice right now?</p> <p>16 A. In my hands, I really like the</p> <p>17 TVT Exact.</p> <p>18 Q. What percentage of the time</p> <p>19 would you say you implant that device as</p> <p>20 compared to the other slings?</p> <p>21 A. Probably 95 percent of the</p> <p>22 time.</p> <p>23 Q. And what patients -- what types</p> <p>24 of patients do you choose to perform the</p>

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<p>1 TVT-O or TVT Abbrevio procedure?</p> <p>2 A. I tend to use those more for</p> <p>3 patients with occult stress incontinence when</p> <p>4 I'm doing a prolapse repair, or if they have</p> <p>5 any sign of a weak bladder or poor emptying,</p> <p>6 I might be more inclined to do those slings</p> <p>7 rather than the retropubic.</p> <p>8 Q. Okay. Has Ethicon ever asked</p> <p>9 you to offer your opinions on the TVT-Secur</p> <p>10 sling as an expert?</p> <p>11 A. No.</p> <p>12 Q. What about the Abbrevio?</p> <p>13 A. No.</p> <p>14 Q. Or the Exact, TVT Exact?</p> <p>15 A. I don't think so.</p> <p>16 Q. What other surgical procedures</p> <p>17 do you currently perform for the treatment of</p> <p>18 stress urinary incontinence other than the</p> <p>19 three products you mentioned?</p> <p>20 A. I also do autologous fascial</p> <p>21 slings. I do biological midurethral -- I</p> <p>22 should say biological retropubic slings with</p> <p>23 a biological graft and Coaptite periurethral</p> <p>24 bulking.</p>	<p>1 Scientific products.</p> <p>2 Q. Are you still a consultant for</p> <p>3 Boston Scientific?</p> <p>4 A. No.</p> <p>5 Q. When did that relationship end?</p> <p>6 A. I think it's been a couple of</p> <p>7 years since I did anything with them. A year</p> <p>8 or two. I can't recall.</p> <p>9 Q. Are there any other mesh</p> <p>10 companies that you are currently doing</p> <p>11 consulting work for?</p> <p>12 A. No.</p> <p>13 Q. Are there any other medical</p> <p>14 device companies that you are currently doing</p> <p>15 consulting work for?</p> <p>16 A. Not right now.</p> <p>17 Q. Are there any other</p> <p>18 pharmaceutical companies that you're</p> <p>19 currently doing any consulting work for?</p> <p>20 A. No, not right now.</p> <p>21 Q. Would it be fair to say that</p> <p>22 you've been pretty loyal to Ethicon's stress</p> <p>23 urinary incontinence products in terms of</p> <p>24 polypropylene slings for the last</p>
Page 19	Page 21
<p>1 Q. Is that a surgical procedure?</p> <p>2 A. Yes.</p> <p>3 Q. Would you say that your use of</p> <p>4 autologous fascial slings and biological</p> <p>5 slings has increased in the last few years?</p> <p>6 A. No, it's stable.</p> <p>7 Q. What biological slings do you</p> <p>8 currently use?</p> <p>9 A. I usually -- there's no, you</p> <p>10 know, kit or marketed product for that, so I</p> <p>11 usually fashion it out of Xenform,</p> <p>12 X-e-n-f-o-r-m, material.</p> <p>13 Q. That's a Boston Scientific</p> <p>14 product, right?</p> <p>15 A. Yes.</p> <p>16 Q. Do you know if you're currently</p> <p>17 using any other Boston Scientific products</p> <p>18 other than Xenform, except for potentially</p> <p>19 you may be using the Uphold product in the</p> <p>20 future as you mentioned earlier?</p> <p>21 A. They have a vaginal manipulator</p> <p>22 that I use during sacrocolpopexy. That's the</p> <p>23 only thing for pelvic floor. Then I use some</p> <p>24 things for kidney stones that are Boston</p>	<p>1 three years?</p> <p>2 A. Yes.</p> <p>3 Q. In your report on page 7, you</p> <p>4 state that you've reviewed the expert reports</p> <p>5 submitted by plaintiffs, specifically</p> <p>6 Drs. Rosenzweig, Margolis and Carey. Is that</p> <p>7 correct?</p> <p>8 A. Yes.</p> <p>9 Q. Do you recall, have you</p> <p>10 reviewed any other expert reports in this</p> <p>11 wave?</p> <p>12 A. Regarding TVT?</p> <p>13 Q. Yes.</p> <p>14 A. Not that I can recall right</p> <p>15 now.</p> <p>16 Q. You also state that you</p> <p>17 reviewed the materials cited in the reports</p> <p>18 and their expert depositions; is that</p> <p>19 correct?</p> <p>20 A. Yes.</p> <p>21 Q. Did you review every single</p> <p>22 document that they cited in their reports?</p> <p>23 A. For the most part.</p> <p>24 Q. Who got those documents for</p>

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<p>1 you?</p> <p>2 A. Butler Snow helped me to gather</p> <p>3 them together.</p> <p>4 Q. Is there any particular</p> <p>5 reason -- actually -- yeah. Is there any</p> <p>6 particular reason why you chose to review the</p> <p>7 expert reports of just those three</p> <p>8 individuals?</p> <p>9 A. I can't remember if I reviewed</p> <p>10 others, but I just have reviewed everything</p> <p>11 that I could.</p> <p>12 Q. If you've reviewed others, how</p> <p>13 would I determine that? Are those listed on</p> <p>14 your reliance list or anywhere else?</p> <p>15 A. Trying to remember.</p> <p>16 MR. FAES: I mean, here's the</p> <p>17 problem, William, is I don't even see</p> <p>18 these three listed on her reliance</p> <p>19 list and there's only three listed in</p> <p>20 her report. So if there's other ones</p> <p>21 she's reviewed, I need to know that.</p> <p>22 MR. GAGE: All right.</p> <p>23 BY MR. FAES:</p> <p>24 Q. Okay. Is the answer you don't</p>	<p>1 Ultrapro is because Ethicon has chosen not to</p> <p>2 market that device, correct?</p> <p>3 A. I don't know the details behind</p> <p>4 that.</p> <p>5 Q. Do you know what the TVT-O PA</p> <p>6 is?</p> <p>7 A. No.</p> <p>8 Q. So I take it, then, that you</p> <p>9 don't know whether or not the TVT-O PA was an</p> <p>10 obturator sling developed by Ethicon that had</p> <p>11 the Ultrapro mesh rather than the mesh that's</p> <p>12 currently used in the TVT-O?</p> <p>13 A. No, I'm not familiar with that.</p> <p>14 Q. Do you know whether or not</p> <p>15 Ethicon stated to the FDA that the TVT-O PA</p> <p>16 with the Ultrapro material was substantially</p> <p>17 equivalent to the TVT-O?</p> <p>18 MR. GAGE: Object to form.</p> <p>19 A. I'm not familiar with that.</p> <p>20 BY MR. FAES:</p> <p>21 Q. Is that something that would</p> <p>22 change your opinion on whether or not there</p> <p>23 is clinical data on the use of the Ultrapro</p> <p>24 mesh as it relates to SUI patients if the</p>
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<p>1 recall at this time?</p> <p>2 A. Yeah, I can't recall right now.</p> <p>3 Q. We'll just move on. On page 18</p> <p>4 of your report, you state that you "know of</p> <p>5 no pelvic floor surgeons in the state of</p> <p>6 Texas or in the United States who use PVDF or</p> <p>7 kits employing PVDF to treat SUI or mixed</p> <p>8 UI" -- mixed urinary incontinence -- "the</p> <p>9 same can be true for Vypro and Ultrapro</p> <p>10 mesh."</p> <p>11 Is that correct?</p> <p>12 A. That's correct.</p> <p>13 Q. You know that the Ultrapro mesh</p> <p>14 is not available from Ethicon in a</p> <p>15 preconfigured sling like the TVT and the</p> <p>16 TVT-O, correct?</p> <p>17 A. Correct.</p> <p>18 Q. So if a physician were to want</p> <p>19 to use the Ultrapro in a sling, they would</p> <p>20 essentially have to fashion the sling</p> <p>21 themselves out of Ultrapro flat mesh, right?</p> <p>22 A. Correct.</p> <p>23 Q. And the reason that it's not</p> <p>24 available in a preconfigured sling with</p>	<p>1 manufacturer of the ULTRAPRO mesh told the</p> <p>2 FDA that it was substantially equivalent to</p> <p>3 the TVT-O already on the market?</p> <p>4 MR. GAGE: Object to form.</p> <p>5 A. I don't know.</p> <p>6 BY MR. FAES:</p> <p>7 Q. You state on page 19 of your</p> <p>8 report that the "Vypro and the Ultrapro also</p> <p>9 have a partially absorbable component and the</p> <p>10 data do not show that these meshes would work</p> <p>11 in the TVT design as the mesh sticks to the</p> <p>12 sheath and tears apart on sheath removal,</p> <p>13 losing integrity."</p> <p>14 Is that correct?</p> <p>15 A. That's correct.</p> <p>16 Q. How do you know that the</p> <p>17 Ultrapro would stick to the sheath and tear</p> <p>18 apart during sheath removal?</p> <p>19 A. From the data.</p> <p>20 Q. What data?</p> <p>21 A. I'm trying to remember where I</p> <p>22 got this from. I would have to look through</p> <p>23 to remember where I got this from.</p> <p>24 Q. Do you know whether or not</p>

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<p>1 Ethicon engineers worked on the problem of</p> <p>2 the Ultrapro mesh sticking to the sheaths</p> <p>3 during the sheath removal and ultimately</p> <p>4 solved that problem?</p> <p>5 MR. GAGE: Object to form.</p> <p>6 A. I can't recall right now.</p> <p>7 BY MR. FAES:</p> <p>8 Q. If that were indeed the case</p> <p>9 and Ethicon engineers had solved that</p> <p>10 problem, is that something that could</p> <p>11 potentially change your opinion, that the</p> <p>12 Ultrapro mesh would stick to the sheath and</p> <p>13 tear apart upon sheath removal, losing</p> <p>14 integrity?</p> <p>15 A. Sure.</p> <p>16 Q. You state on page 21 of your</p> <p>17 report that pain and dyspareunia can occur</p> <p>18 with all surgeries, as can organ damage and</p> <p>19 bladder perforation. And on the following</p> <p>20 page -- is that correct, first of all?</p> <p>21 A. Yes, that's correct.</p> <p>22 Q. On the following page you say,</p> <p>23 "Moreover these risks are obvious to pelvic</p> <p>24 floor surgeons performing SUI surgeries,"</p>	<p>1 be no clinically significant effect; is that</p> <p>2 correct?</p> <p>3 A. Absolutely.</p> <p>4 Q. So it's your opinion that a</p> <p>5 particle of Prolene that's directly under the</p> <p>6 skin of the vagina couldn't cause pain or</p> <p>7 discomfort for the patient?</p> <p>8 A. That's correct.</p> <p>9 Q. Even in the vagina, where</p> <p>10 there's friction, if there were friction --</p> <p>11 if there were a piece of Prolene directly</p> <p>12 underneath the skin in the vagina and you</p> <p>13 know in the vagina there's friction that</p> <p>14 occurs during intercourse, you don't believe</p> <p>15 that that could cause discomfort or pain</p> <p>16 under any circumstance?</p> <p>17 MR. GAGE: Object to form.</p> <p>18 A. No. What I would clarify is</p> <p>19 that, yes, any Prolene suture, mesh,</p> <p>20 particles, if they're too superficial, then,</p> <p>21 yeah, that could cause discomfort. We see</p> <p>22 sutures that are used in prolapse repairs</p> <p>23 that will be right under the surface and that</p> <p>24 can cause friction and irritation.</p>
Page 27	Page 29
<p>1 giving their described surgical techniques</p> <p>2 and instruments and materials used during SUI</p> <p>3 surgery.</p> <p>4 Is that correct?</p> <p>5 A. Yes.</p> <p>6 Q. Do you know whether pain and</p> <p>7 dyspareunia, organ damage and bladder</p> <p>8 perforation are warned about in the IFU?</p> <p>9 A. I would have to review it to</p> <p>10 say definitively.</p> <p>11 Q. Well, I'll represent to you</p> <p>12 that, at least as of 2015, all of those risks</p> <p>13 are now in the IFU. So assuming that to be</p> <p>14 true, if they are obvious, do you have an</p> <p>15 opinion as to why Ethicon chose to include</p> <p>16 them in their IFU anyway as of 2015?</p> <p>17 MR. GAGE: Object to form.</p> <p>18 A. I'm not sure why they put them</p> <p>19 in. I don't have a problem with it. I don't</p> <p>20 think it's necessary, but it's reasonable.</p> <p>21 BY MR. FAES:</p> <p>22 Q. You state on page 28 of your</p> <p>23 report that even if particles from the TVT</p> <p>24 mesh were to get into the vagina, there would</p>	<p>1 BY MR. FAES:</p> <p>2 Q. So you would agree that if a</p> <p>3 particle from a TVT became loose and became</p> <p>4 too superficial in the vagina, it could cause</p> <p>5 discomfort or pain, particularly during</p> <p>6 friction from intercourse?</p> <p>7 A. If it were too superficial and</p> <p>8 there was some irritation around it, it's</p> <p>9 potential. But the particle issue is really</p> <p>10 not an issue. It's really not something that</p> <p>11 we see clinically. I have never gone in to a</p> <p>12 patient -- you know, do surgery on a patient</p> <p>13 and found a particle to be a source of pain</p> <p>14 or causing problems at all.</p> <p>15 MR. FAES: I'm going to object</p> <p>16 and move to strike after the word</p> <p>17 "potential."</p> <p>18 BY MR. FAES:</p> <p>19 Q. You go on to say on the same</p> <p>20 page that, "Also, during the surgery, the</p> <p>21 site can be irrigated and suctioned, which</p> <p>22 would dispose of any particles."</p> <p>23 Is that correct?</p> <p>24 A. That's correct.</p>

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<p>1 Q. Isn't it true that the site</p> <p>2 can't be irrigated and suctioned if the</p> <p>3 particle becomes loose after the surgery is</p> <p>4 completed and the incision is closed?</p> <p>5 A. That doesn't happen.</p> <p>6 Q. That was not my question,</p> <p>7 whether or not it happens. My question was,</p> <p>8 isn't it true that the site can't be</p> <p>9 irrigated and suctioned if a particle becomes</p> <p>10 loose after the surgery is completed and the</p> <p>11 incision is closed?</p> <p>12 A. Yes, that is correct, to answer</p> <p>13 that hypothetical question.</p> <p>14 Q. You state on page 29 of your</p> <p>15 report that, "The protective sheath over the</p> <p>16 mesh bears the forces as the mesh is passed</p> <p>17 through the pelvis and as noted the mesh is</p> <p>18 placed tension free and spaced from the</p> <p>19 urethra with an instrument like a dilator</p> <p>20 before removing the sheaths."</p> <p>21 Is that correct?</p> <p>22 A. That's correct.</p> <p>23 Q. So as you've stated here,</p> <p>24 you've seen a surgeon before use a Babcock or</p>	<p>1 you don't believe that that causes any</p> <p>2 clinical concerns to the patient if that</p> <p>3 metal particle gets into the body because</p> <p>4 it's in the packaging?</p> <p>5 MR. GAGE: Object to form.</p> <p>6 A. Okay. I'm picturing the</p> <p>7 particles in the package that when you take</p> <p>8 out the instruments and the implant, those</p> <p>9 are not going to go into the patient. But</p> <p>10 then you added in the part about it being</p> <p>11 embedded in the mesh. So can you clarify</p> <p>12 what you mean by that?</p> <p>13 BY MR. FAES:</p> <p>14 Q. Well, let me ask you this. If</p> <p>15 there's a -- if there's metal particles loose</p> <p>16 in the TVT mesh packaging, that could</p> <p>17 potentially get imbedded in the mesh,</p> <p>18 correct?</p> <p>19 MR. GAGE: Object to form.</p> <p>20 A. I can't envision that</p> <p>21 happening.</p> <p>22 BY MR. FAES:</p> <p>23 Q. Let me ask you this. If a --</p> <p>24 if, hypothetically, a metal particle was</p>
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<p>1 other instrument to hold the tape in place</p> <p>2 while the sheaths are removed, correct?</p> <p>3 A. Correct.</p> <p>4 Q. Would you -- have you ever seen</p> <p>5 a procedural video that was sent out to</p> <p>6 physicians where the mesh appears to be being</p> <p>7 stretched at that localized point where it's</p> <p>8 being held in place by the Babcock while the</p> <p>9 sheaths are being removed?</p> <p>10 A. I can't recall as I sit here</p> <p>11 right now.</p> <p>12 Q. You also state, "Metal</p> <p>13 particle" -- strike that.</p> <p>14 You also state that, "Mesh</p> <p>15 particles seen in packaging are also of no</p> <p>16 clinical concern."</p> <p>17 Is that correct?</p> <p>18 A. That's correct.</p> <p>19 Q. Is your opinion the same if</p> <p>20 there are metal particles seen in packaging,</p> <p>21 that those pose no clinical concern?</p> <p>22 A. That's correct.</p> <p>23 Q. So if there's metal particles</p> <p>24 in the packaging or embedded within the mesh,</p>	<p>1 embedded in the mesh and the surgeon didn't</p> <p>2 notice it and it got implanted into the</p> <p>3 patient with metal particles in the mesh,</p> <p>4 could that cause a clinical concern?</p> <p>5 MR. GAGE: Object to form.</p> <p>6 A. I really don't know, because we</p> <p>7 do metal implants in orthopedic surgery. So</p> <p>8 I -- I don't know the answer to that</p> <p>9 question.</p> <p>10 BY MR. FAES:</p> <p>11 Q. Would you knowingly implant a</p> <p>12 TVT product that it appeared that there were</p> <p>13 foreign matter or metal within the mesh?</p> <p>14 MR. GAGE: Object to form.</p> <p>15 BY MR. FAES:</p> <p>16 Q. Or would you go -- go to the</p> <p>17 shelf and get out a different one that didn't</p> <p>18 have that problem?</p> <p>19 MR. GAGE: Object to form.</p> <p>20 A. If I saw some metal in there, I</p> <p>21 would probably go get another device or clean</p> <p>22 it off or something.</p> <p>23 BY MR. FAES:</p> <p>24 Q. Do you know where the TVT and</p>

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<p>1 TVT-O are manufactured?</p> <p>2 A. No, I don't.</p> <p>3 Q. Well, I'll represent to you</p> <p>4 they're manufactured in Neuchâtel,</p> <p>5 Switzerland, which I'm sure the court</p> <p>6 reporter does not know how to spell.</p> <p>7 Were you aware that in 2010,</p> <p>8 the entire TVT-O and TVT production lines</p> <p>9 were shut down because there was an excess of</p> <p>10 foreign materials in the product in</p> <p>11 packaging?</p> <p>12 MR. GAGE: Object to form.</p> <p>13 A. No, I was not aware of that.</p> <p>14 BY MR. FAES:</p> <p>15 Q. Do you think that could</p> <p>16 potentially cause a clinical impact if there</p> <p>17 were foreign matter in the products in</p> <p>18 packaging of the TVT and TVT-O? Do you have</p> <p>19 any opinion on that?</p> <p>20 A. I don't really have an opinion</p> <p>21 on it.</p> <p>22 (Deposition Exhibit 20 marked.)</p> <p>23 BY MR. FAES:</p> <p>24 Q. Doctor, I'm going to hand you</p>	<p>1 the surgery and your relationship with</p> <p>2 Ethicon. Are you available to talk to me</p> <p>3 this week? I've also been trying to reach</p> <p>4 your colleague Dr. Melvyn Anhalt, though I</p> <p>5 haven't heard back yet."</p> <p>6 Do you see that?</p> <p>7 A. Yes.</p> <p>8 Q. And this e-mail gets forwarded</p> <p>9 to Burt Snell at Butler Snow; is that</p> <p>10 correct?</p> <p>11 A. Yes.</p> <p>12 Q. It's forwarded by you. And</p> <p>13 Burt Snell is a lawyer for Ethicon, who was</p> <p>14 actually here yesterday helping you prepare</p> <p>15 for your deposition; is that correct?</p> <p>16 A. That's correct.</p> <p>17 Q. First of all, do you recall if</p> <p>18 you ever replied to Amy Silverstein regarding</p> <p>19 this message?</p> <p>20 A. No, I did not.</p> <p>21 Q. Have you ever spoken to the</p> <p>22 press about mesh used for pelvic organ</p> <p>23 prolapse or stress urinary incontinence?</p> <p>24 A. Not that I can recall.</p>
Page 35	Page 37
<p>1 what's been marked as Exhibit 20 to your</p> <p>2 deposition, as soon as I get it out and get</p> <p>3 it marked.</p> <p>4 A. Is it material that this is not</p> <p>5 the updated CV? Does that matter?</p> <p>6 Q. Does it affect the answers to</p> <p>7 the questions I asked you?</p> <p>8 A. No.</p> <p>9 Q. No, then it doesn't.</p> <p>10 A. Okay.</p> <p>11 Q. Doctor, I've handed you what's</p> <p>12 been marked as Exhibit 20, and this is -- at</p> <p>13 least the first page of it is an e-mail dated</p> <p>14 April 21st, 2014, but the part of it that I</p> <p>15 want to focus is on the second page where the</p> <p>16 e-mail string begins, and it's an e-mail from</p> <p>17 an Amy Silverstein to you dated April 21st,</p> <p>18 2014. Do you see that?</p> <p>19 A. Yes.</p> <p>20 Q. It says, "Hi Dr. Pramudji: I'm</p> <p>21 a reporter with the Dallas Observer, working</p> <p>22 on a story about mesh used for transvaginal</p> <p>23 pelvic organ repair and incontinence surgery,</p> <p>24 and I've got a few questions for you about</p>	<p>1 Q. Do you recall any particular</p> <p>2 reason why you chose not to respond to this</p> <p>3 e-mail?</p> <p>4 A. No, I don't remember.</p> <p>5 Q. Do you know if Dr. Anhalt ever</p> <p>6 spoke with Ms. Silverstein or anyone else in</p> <p>7 the press?</p> <p>8 A. I don't know.</p> <p>9 Q. Now, this is dated April 21st,</p> <p>10 2014. Do you recall that this was about a</p> <p>11 month after the Batiste trial concluded?</p> <p>12 A. Yes.</p> <p>13 Q. And you know that Dr. Anhalt</p> <p>14 was -- testified in that case as an expert</p> <p>15 witness for Ethicon and Johnson & Johnson,</p> <p>16 correct?</p> <p>17 A. Yes, I was aware of that.</p> <p>18 Q. Do you still speak with</p> <p>19 Dr. Anhalt?</p> <p>20 A. Yes.</p> <p>21 Q. Do you speak with Dr. Anhalt</p> <p>22 about your consulting work with Ethicon and</p> <p>23 Johnson & Johnson?</p> <p>24 A. No, we have other things to</p>

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<p>1 talk about.</p> <p>2 Q. Have you ever spoken to the</p> <p>3 press about your relationship with Ethicon,</p> <p>4 as this reporter was requesting?</p> <p>5 A. I don't believe so.</p> <p>6 Q. Is that because you would</p> <p>7 prefer to keep the details about your</p> <p>8 relationship with Ethicon and Johnson &</p> <p>9 Johnson private?</p> <p>10 A. I don't have any reason to keep</p> <p>11 it private.</p> <p>12 Q. Doctor, I'm going to ask you</p> <p>13 about some adverse reactions and I'm going to</p> <p>14 ask if -- ask you whether or not you believe</p> <p>15 these are adverse events that can be</p> <p>16 associated with the TVT or TVT-O product.</p> <p>17 Okay?</p> <p>18 A. Okay.</p> <p>19 Q. Acute and/or chronic pain?</p> <p>20 A. Yes, as in other pelvic</p> <p>21 surgeries.</p> <p>22 MR. FAES: Object and move to</p> <p>23 strike after the answer "yes."</p> <p>24</p>	<p>1 BY MR. FAES:</p> <p>2 Q. Recurrence of incontinence?</p> <p>3 A. Yes, as in other incontinence</p> <p>4 surgeries.</p> <p>5 MR. FAES: Object and move to</p> <p>6 strike after the answer.</p> <p>7 BY MR. FAES:</p> <p>8 Q. Bleeding, including hemorrhage</p> <p>9 or hematoma?</p> <p>10 A. Yes, as in other surgeries.</p> <p>11 MR. FAES: Object and move to</p> <p>12 strike after the answer.</p> <p>13 BY MR. FAES:</p> <p>14 Q. One or more revision surgeries</p> <p>15 may be necessary to treat these adverse</p> <p>16 reactions?</p> <p>17 A. Yes, as in other pelvic</p> <p>18 surgeries.</p> <p>19 MR. FAES: Object and move to</p> <p>20 strike after the answer.</p> <p>21 BY MR. FAES:</p> <p>22 Q. Prolene mesh is a permanent</p> <p>23 implant that integrates into the tissue. In</p> <p>24 cases where the Prolene mesh needs to be</p>
Page 39	Page 41
<p>1 BY MR. FAES:</p> <p>2 Q. Voiding dysfunction?</p> <p>3 A. Yes, as in other pelvic</p> <p>4 surgeries.</p> <p>5 MR. FAES: Object and move to</p> <p>6 strike after the answer.</p> <p>7 BY MR. FAES:</p> <p>8 Q. Pain with intercourse which in</p> <p>9 some patients may not resolve?</p> <p>10 A. Yes, as in other pelvic</p> <p>11 surgeries.</p> <p>12 Q. I just have --</p> <p>13 MR. FAES: Object and move to</p> <p>14 strike after the answer.</p> <p>15 BY MR. FAES:</p> <p>16 Q. Neuromuscular problems,</p> <p>17 including acute and/or chronic pain in the</p> <p>18 groin, thigh, leg, pelvic and/or abdominal</p> <p>19 area may occur?</p> <p>20 A. Yes, as in other pelvic</p> <p>21 surgeries.</p> <p>22 MR. FAES: Object and move to</p> <p>23 strike after the answer.</p> <p>24</p>	<p>1 removed in part or whole, significant</p> <p>2 dissection may be required?</p> <p>3 A. Yes, as could occur with</p> <p>4 sutures in other pelvic surgeries.</p> <p>5 MR. FAES: Object and move to</p> <p>6 strike after the answer.</p> <p>7 BY MR. FAES:</p> <p>8 Q. Seroma?</p> <p>9 A. Yes, as in other pelvic</p> <p>10 surgeries.</p> <p>11 MR. FAES: Object and move to</p> <p>12 strike after the answer.</p> <p>13 BY MR. FAES:</p> <p>14 Q. Urge incontinence?</p> <p>15 A. Yes, as in other pelvic</p> <p>16 surgeries.</p> <p>17 MR. FAES: Object and move to</p> <p>18 strike after the answer.</p> <p>19 BY MR. FAES:</p> <p>20 Q. Urinary frequency?</p> <p>21 A. Yes, as in other pelvic</p> <p>22 surgeries.</p> <p>23 MR. FAES: Object and move to</p> <p>24 strike after the answer.</p>

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<p style="text-align: right;">Page 42</p> <p>1 BY MR. FAES:</p> <p>2 Q. Urinary retention?</p> <p>3 A. Yes, as in other pelvic</p> <p>4 surgeries.</p> <p>5 MR. FAES: Object and move to</p> <p>6 strike after the answer.</p> <p>7 BY MR. FAES:</p> <p>8 Q. Adhesion formation?</p> <p>9 A. Yes, as in other pelvic</p> <p>10 surgeries.</p> <p>11 MR. FAES: Object and move to</p> <p>12 strike after the answer.</p> <p>13 BY MR. FAES:</p> <p>14 Q. Atypical vaginal discharge?</p> <p>15 A. Yes, as in other pelvic</p> <p>16 surgeries.</p> <p>17 MR. FAES: Object and move to</p> <p>18 strike after the answer.</p> <p>19 BY MR. FAES:</p> <p>20 Q. Exposed mesh may cause pain or</p> <p>21 discomfort to the patient's partner during</p> <p>22 intercourse?</p> <p>23 A. Yes, as can occur with exposed</p> <p>24 sutures in other pelvic surgeries.</p>	<p style="text-align: right;">Page 44</p> <p>1 BY MR. FAES:</p> <p>2 Q. Yeah, I'll re-ask the question</p> <p>3 for the record to correct it. Doctor, are</p> <p>4 you aware of whether or not these are all</p> <p>5 adverse reactions that were added to the TVT</p> <p>6 and TVT-O IFU in May of 2015?</p> <p>7 A. Yes.</p> <p>8 Q. See, don't just agree with</p> <p>9 whatever I say.</p> <p>10 MR. GAGE: See, I was getting</p> <p>11 ready to -- I was going to do a</p> <p>12 speaking objection on that, if she had</p> <p>13 not clarified it.</p> <p>14 BY MR. FAES:</p> <p>15 Q. Doctor, do you know whether or</p> <p>16 not the list of adverse reactions that were</p> <p>17 added in May of 2015 are all risks that</p> <p>18 Ethicon knew about at the time the TVT was</p> <p>19 first launched in 2008?</p> <p>20 A. The TVT was first launched in</p> <p>21 2008?</p> <p>22 Q. 1998. Thank you.</p> <p>23 A. I'm not sure.</p> <p>24 Q. You just -- you don't know one</p>
<p style="text-align: right;">Page 43</p> <p>1 MR. FAES: Object and move to</p> <p>2 strike after the answer.</p> <p>3 BY MR. FAES:</p> <p>4 Q. Death?</p> <p>5 A. Yes, as in any surgery.</p> <p>6 MR. FAES: Object and move to</p> <p>7 strike after the answer.</p> <p>8 BY MR. FAES:</p> <p>9 Q. Doctor, are you aware of</p> <p>10 whether or not these are all adverse</p> <p>11 reactions that were added to the TVT and</p> <p>12 TVT-O IFU in May of 2014?</p> <p>13 MR. GAGE: Object to form.</p> <p>14 A. I believe that's correct.</p> <p>15 (Deposition Exhibit 21 marked.)</p> <p>16 BY MR. FAES:</p> <p>17 Q. I'll go ahead and mark a copy</p> <p>18 of that just so you're not flying blind,</p> <p>19 which is Exhibit 21.</p> <p>20 MR. FAES: You need one,</p> <p>21 William?</p> <p>22 THE WITNESS: Is it 2015? Is</p> <p>23 that what you meant to say?</p> <p>24</p>	<p style="text-align: right;">Page 45</p> <p>1 way or the other?</p> <p>2 A. No.</p> <p>3 Q. Are you aware that -- strike</p> <p>4 that.</p> <p>5 Do you know why Ethicon chose</p> <p>6 to add these adverse events to its IFU in</p> <p>7 2015?</p> <p>8 A. My understanding is that the</p> <p>9 Canadian board asked them to add some</p> <p>10 specific reactions, and they decided just to</p> <p>11 go ahead and put a long laundry list in</p> <p>12 there.</p> <p>13 Q. Do you believe that -- do you</p> <p>14 believe that these -- adding these -- strike</p> <p>15 that.</p> <p>16 Do you believe that Ethicon</p> <p>17 would've added all of these adverse reactions</p> <p>18 if they didn't believe they were necessary to</p> <p>19 support the continued sale of the device?</p> <p>20 MR. GAGE: Object to form.</p> <p>21 A. Could you repeat that for me?</p> <p>22 BY MR. FAES:</p> <p>23 Q. Sure. Do you believe that</p> <p>24 Ethicon would've added all these adverse</p>

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<p>1 reactions if they didn't believe they were</p> <p>2 necessary to support the continued sale of</p> <p>3 the device?</p> <p>4 MR. GAGE: Object to form.</p> <p>5 A. I don't know.</p> <p>6 BY MR. FAES:</p> <p>7 Q. Are you aware that Dr. Martin</p> <p>8 Weisberg was designated by Ethicon as a</p> <p>9 corporate representative for why these IFU</p> <p>10 changes were made?</p> <p>11 A. Yes, I'm familiar with that.</p> <p>12 Q. Have you read that deposition?</p> <p>13 A. No, I haven't.</p> <p>14 Q. Do you think that's a</p> <p>15 deposition that would be important to you in</p> <p>16 forming your opinions on this case?</p> <p>17 A. No.</p> <p>18 Q. You don't think it's important</p> <p>19 to know why Ethicon chose to add these</p> <p>20 adverse reactions to their IFU?</p> <p>21 A. It doesn't change my opinions.</p> <p>22 Q. Would you agree that this is a</p> <p>23 significant IFU update?</p> <p>24 A. They certainly added several</p>	<p>1 Q. Assuming that sales</p> <p>2 representatives for Ethicon are not permitted</p> <p>3 to discuss with doctors things that are not</p> <p>4 contained within the IFU, would you agree</p> <p>5 that this update would be helpful by allowing</p> <p>6 sales representatives to discuss more</p> <p>7 potential risks of the product with their</p> <p>8 doctors?</p> <p>9 A. Assuming that's true, then,</p> <p>10 yes.</p> <p>11 MR. FAES: I want to take just</p> <p>12 a quick five-minute break, and it will</p> <p>13 help me get organized and focused on</p> <p>14 what I really need to do.</p> <p>15 (Recess Taken From 11:54 a.m.</p> <p>16 To 12:00 p.m.)</p> <p>17 BY MR. FAES:</p> <p>18 Q. Doctor, we're back on the</p> <p>19 record after a short break. Are you ready to</p> <p>20 proceed?</p> <p>21 A. Yes.</p> <p>22 Q. Doctor, you said that you</p> <p>23 believe you spent ten hours preparing your</p> <p>24 TVT and TVT-O report in this case?</p>
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<p>1 things on there, which I think is reasonable,</p> <p>2 but I don't think it's necessary. I think it</p> <p>3 was adequate before they added all those in.</p> <p>4 Q. Do you believe that these</p> <p>5 additional adverse reactions that Ethicon</p> <p>6 added to the IFU is helpful to pelvic</p> <p>7 surgeons who may consider using the TVT?</p> <p>8 A. Not particularly, since pelvic</p> <p>9 surgeons are already familiar with all of</p> <p>10 these adverse reactions.</p> <p>11 Q. You don't believe that adding</p> <p>12 this list of information to the IFU might</p> <p>13 help physicians better consent their patients</p> <p>14 for surgery with the TVT or TVT-O?</p> <p>15 A. No.</p> <p>16 Q. Would you agree that informed</p> <p>17 consent is frequently guided by the contents</p> <p>18 of an IFU for that particular device?</p> <p>19 A. No, I don't think so.</p> <p>20 Q. Do you know whether or not</p> <p>21 Ethicon sales reps -- representatives are</p> <p>22 allowed to discuss with their doctors things</p> <p>23 that are not in the IFU?</p> <p>24 A. I don't know about that.</p>	<p>1 A. Correct.</p> <p>2 Q. Does that include all of the</p> <p>3 time that you spent reviewing the expert</p> <p>4 reports and materials cited by</p> <p>5 Dr. Rosenzweig, Margolis and Carey?</p> <p>6 A. Yes, since this was just an</p> <p>7 update.</p> <p>8 Q. So you believe it took you less</p> <p>9 than ten hours to pull and look at every</p> <p>10 footnote and document that they cited plus</p> <p>11 update your report?</p> <p>12 A. I believe so. I can't remember</p> <p>13 specifically.</p> <p>14 Q. Doctor, have you reviewed the</p> <p>15 2015 deposition of Laura Angelini, because I</p> <p>16 didn't see it on your reliance list?</p> <p>17 A. I can't recall if I did or not.</p> <p>18 Q. As someone who will be offering</p> <p>19 opinions on whether the TVT mesh frays,</p> <p>20 ropes, curls, unravels, loses particles or</p> <p>21 deforms, wouldn't you want to have access to</p> <p>22 a deposition of a TVT product director</p> <p>23 discussing documents related to TVT, mesh</p> <p>24 fraying, roping, losing particles, curling or</p>

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<p style="text-align: right;">Page 50</p> <p>1 deforming?</p> <p>2 MR. GAGE: Object to form.</p> <p>3 A. I don't think it would change</p> <p>4 my opinions, so no.</p> <p>5 BY MR. FAES:</p> <p>6 Q. So you have no interest in</p> <p>7 seeing that?</p> <p>8 A. It would be interesting to see</p> <p>9 it.</p> <p>10 Q. But you'd agree that prior to</p> <p>11 issuing your report in this case, you did not</p> <p>12 review that deposition?</p> <p>13 A. I can't recall.</p> <p>14 Q. If you had reviewed that</p> <p>15 deposition, it would be on your reliance</p> <p>16 list, correct?</p> <p>17 A. Yes. But I may miss something</p> <p>18 here and there.</p> <p>19 Q. Do you know whether or not</p> <p>20 this -- the 2015 Laura Angelini deposition</p> <p>21 covered documents from the late 1990s and</p> <p>22 early 2000s that showed Ethicon was on notice</p> <p>23 that the mesh used in the TVT frayed, roped,</p> <p>24 curled, unraveled and lost particles?</p>	<p style="text-align: right;">Page 52</p> <p>1 be some things that I miss here and there</p> <p>2 unintentionally.</p> <p>3 Q. Do you know whether or not Tom</p> <p>4 Divilio was the product director when the TVT</p> <p>5 was launched?</p> <p>6 A. I don't know.</p> <p>7 Q. As someone who will be offering</p> <p>8 opinions on whether or not the TVT mesh</p> <p>9 frays, ropes, curls, unravels, loses</p> <p>10 particles and/or deforms, wouldn't you want</p> <p>11 to have access to a deposition where those</p> <p>12 things are being discussed by Ethicon's first</p> <p>13 medical director?</p> <p>14 A. No, not necessarily. I don't</p> <p>15 think it would change my opinions.</p> <p>16 Q. You don't think that the</p> <p>17 medical director at Ethicon who was there</p> <p>18 when the TVT was first launched in the United</p> <p>19 States can offer you any insight as to</p> <p>20 whether or not the TVT is defective?</p> <p>21 MR. GAGE: Object to form.</p> <p>22 A. I don't think that's going to</p> <p>23 trump my experience coupled with the</p> <p>24 literature.</p>
<p style="text-align: right;">Page 51</p> <p>1 MR. GAGE: Object to form.</p> <p>2 A. I don't recall.</p> <p>3 BY MR. FAES:</p> <p>4 Q. Do you know whether or not</p> <p>5 during that time frame, from 1998 to 2000,</p> <p>6 Ethicon initiated a mesh improvement product</p> <p>7 for the Prolene mesh but excluded the TVT</p> <p>8 mesh from that product -- from that project?</p> <p>9 Sorry.</p> <p>10 MR. GAGE: Object to form.</p> <p>11 A. I don't know about that.</p> <p>12 BY MR. FAES:</p> <p>13 Q. Have you reviewed the</p> <p>14 October 2014 deposition of Tom Divilio?</p> <p>15 A. Sounds vaguely familiar.</p> <p>16 Q. Do you know whether or not that</p> <p>17 deposition is on your reliance list?</p> <p>18 A. I don't remember. I would have</p> <p>19 to look.</p> <p>20 Q. If it's not on your reliance</p> <p>21 list, does that mean you haven't reviewed the</p> <p>22 deposition yet?</p> <p>23 A. Like I said, not -- you know, I</p> <p>24 try to get everything on there, but there may</p>	<p style="text-align: right;">Page 53</p> <p>1 BY MR. FAES:</p> <p>2 Q. Didn't ask whether it would</p> <p>3 trump your experience coupled with the</p> <p>4 literature. My question was, you don't think</p> <p>5 that the medical director at Ethicon who was</p> <p>6 there when the TVT was first launched in the</p> <p>7 United States can offer you any insight as to</p> <p>8 whether or not the TVT is defective?</p> <p>9 MR. GAGE: Object to form.</p> <p>10 A. That's correct.</p> <p>11 BY MR. FAES:</p> <p>12 Q. The testimony is -- of</p> <p>13 Ethicon's first medical director when TVT was</p> <p>14 launched isn't information that you would</p> <p>15 want to consider in informing your -- in</p> <p>16 forming your opinions in this case?</p> <p>17 A. I would consider it. I</p> <p>18 probably have looked at it, but it's not as</p> <p>19 important to me as the literature and my own</p> <p>20 experience, so no.</p> <p>21 Q. Are you going to offer an</p> <p>22 opinion in this case that the tensioning of</p> <p>23 the sling is the same whether or not the</p> <p>24 sling is made of mechanically cut mesh or</p>

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<p>1 laser cut mesh?</p> <p>2 A. Yes, that's correct.</p> <p>3 Q. So if someone told you, for</p> <p>4 example, that a laser cut mesh needs to be</p> <p>5 tensioned more loosely under the urethra, you</p> <p>6 would disagree with that?</p> <p>7 A. Yes.</p> <p>8 Q. Do you know whether or not</p> <p>9 Ethicon's preceptors were telling doctors</p> <p>10 that with regard to the laser cut mesh</p> <p>11 products?</p> <p>12 A. I don't recall that.</p> <p>13 Q. But you were -- you were a</p> <p>14 preceptor -- in fact, you still are a</p> <p>15 preceptor for Ethicon, right?</p> <p>16 A. No, I haven't done any</p> <p>17 preceptoring for a few years.</p> <p>18 Q. Since 2013, right?</p> <p>19 A. Correct.</p> <p>20 Q. But you were a preceptor for</p> <p>21 Ethicon from 2004 to 2013, right?</p> <p>22 A. Correct.</p> <p>23 Q. And when you were preceptoring</p> <p>24 for Ethicon, you never told anyone that the</p>	<p>1 A. Maybe technically they call it</p> <p>2 a mini-sling. It has more length than the</p> <p>3 Abbrevio, so that's where I distinguish it.</p> <p>4 So I don't call it a mini-sling.</p> <p>5 Q. What has more length than the</p> <p>6 Abbrevio?</p> <p>7 A. I'm sorry, the Abbrevio has more</p> <p>8 length than the Secur.</p> <p>9 Q. Right. But you know that the</p> <p>10 Abbrevio is substantially shorter than the</p> <p>11 TVT-O product?</p> <p>12 A. Correct.</p> <p>13 Q. So I take it you would disagree</p> <p>14 with a physician if that physician said that</p> <p>15 he had to lay his laser cut mesh slings in</p> <p>16 much tighter than the mechanically cut ones</p> <p>17 in order to achieve success with the device?</p> <p>18 MR. GAGE: Object to form.</p> <p>19 A. Yes, I disagree.</p> <p>20 BY MR. FAES:</p> <p>21 Q. Would you agree that a</p> <p>22 responsible medical device company would</p> <p>23 determine the proper way to place a device</p> <p>24 before putting that product on the market?</p>
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<p>1 laser cut mesh needs to be tensioned any</p> <p>2 differently than the mechanically cut mesh?</p> <p>3 A. Not that I can recall.</p> <p>4 Q. Did you --</p> <p>5 A. It's pretty much the same.</p> <p>6 Q. Did you ever tell anyone that</p> <p>7 the -- for example, the Abbrevio device needs</p> <p>8 to be tensioned differently than the TVT or</p> <p>9 TVT Exact?</p> <p>10 A. No.</p> <p>11 Q. Do you know whether or not, in</p> <p>12 fact, there are differences in the tensioning</p> <p>13 instructions between the TVT-O, the TVT Exact</p> <p>14 and the TVT Abbrevio?</p> <p>15 A. I can't recall, but</p> <p>16 practically, it's the same. The only one</p> <p>17 that was different was the mini-sling. But</p> <p>18 among the other ones, it's really pretty much</p> <p>19 the same tensioning.</p> <p>20 Q. And by "mini-sling," what do</p> <p>21 you mean? You mean the TVT-Secur?</p> <p>22 A. Correct.</p> <p>23 Q. Do you consider the TVT Abbrevio</p> <p>24 to be a mini-sling?</p>	<p>1 A. In surgery, there can be more</p> <p>2 than one proper way to do things. So I think</p> <p>3 it's responsible for the company to do their</p> <p>4 best to figure out a good way to do it, but</p> <p>5 there may be another way that evolves that's</p> <p>6 better.</p> <p>7 Q. So I'm not sure if I was clear</p> <p>8 on your answer. Do you agree or disagree</p> <p>9 that a responsible medical device company</p> <p>10 should determine the proper way to place a</p> <p>11 device before putting that product on the</p> <p>12 market?</p> <p>13 A. My answer would be yes, but</p> <p>14 recognizing that surgery is always evolving</p> <p>15 and things may change over time. So what may</p> <p>16 be proper at one time may not be proper later</p> <p>17 on, or there may be something more optimal,</p> <p>18 in other words.</p> <p>19 MR. FAES: Object and move to</p> <p>20 strike after the answer "yes."</p> <p>21 BY MR. FAES:</p> <p>22 Q. You were a preceptor for the</p> <p>23 TVT and Abbrevio at one time, correct?</p> <p>24 A. Yes.</p>

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<p>1 Q. And you instructed other</p> <p>2 physicians on how to place that mesh?</p> <p>3 A. Yes.</p> <p>4 Q. Did anyone at Ethicon ever tell</p> <p>5 you that the Abbrevio device should be placed</p> <p>6 snugly so that the tissue pillows through the</p> <p>7 mesh?</p> <p>8 A. I don't recall that for</p> <p>9 Abbrevio.</p> <p>10 Q. Do you know if that -- whether</p> <p>11 or not that was Ethicon's medical director's</p> <p>12 opinion of how the tensioning technique for</p> <p>13 the Abbrevio should be described?</p> <p>14 A. I don't recall that.</p> <p>15 Q. As someone who taught the</p> <p>16 Abbrevio device to other surgeons, is that</p> <p>17 information you would've wanted to know?</p> <p>18 A. No, because I knew how to do</p> <p>19 it, I knew how to get the results, so I</p> <p>20 taught it the same way I taught the other</p> <p>21 ones.</p> <p>22 Q. Do you know that Ethicon</p> <p>23 actually solicited feedback from surgeons</p> <p>24 about the proper way to tension the TVT</p>	<p>1 A. Yes.</p> <p>2 Q. Would you agree that the</p> <p>3 properties of the mesh affect the safety</p> <p>4 profile of the mesh?</p> <p>5 A. Yes.</p> <p>6 Q. Would you agree that the pore</p> <p>7 size of the mesh is one property that affects</p> <p>8 the safety profile of the mesh?</p> <p>9 A. Yes.</p> <p>10 Q. Would you agree that the</p> <p>11 density of the mesh is one property that</p> <p>12 affects the safety profile of the mesh?</p> <p>13 A. Yes. I think the pore size and</p> <p>14 density are important, and I think they got</p> <p>15 it right.</p> <p>16 Q. Do you agree that the weight of</p> <p>17 the mesh is a property that affects the</p> <p>18 safety profile of the mesh?</p> <p>19 A. Yes.</p> <p>20 Q. Do you agree that the</p> <p>21 elasticity of the mesh is a property that</p> <p>22 affects the safety of the mesh?</p> <p>23 A. Well, in the sense the</p> <p>24 elasticity can affect urinary retention if</p>
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<p>1 Abbrevio device after it was launched?</p> <p>2 A. I don't know about that.</p> <p>3 Q. Did they ever ask for your</p> <p>4 feedback on how to properly tension the</p> <p>5 Abbrevio device?</p> <p>6 A. I don't recall.</p> <p>7 Q. Did they ever ask for your</p> <p>8 feedback on how to properly tension any of</p> <p>9 the TVT devices?</p> <p>10 A. I don't recall.</p> <p>11 Q. Would you have liked to have</p> <p>12 been asked for your feedback on how to</p> <p>13 properly tension the device since you seem</p> <p>14 pretty sure about how to correctly do it?</p> <p>15 MR. GAGE: Object to form.</p> <p>16 A. Sure.</p> <p>17 BY MR. FAES:</p> <p>18 Q. Doctor, will you be offering</p> <p>19 opinions in this case related to the</p> <p>20 properties and performance of the TVT mesh?</p> <p>21 A. Yes.</p> <p>22 Q. Would you agree that the</p> <p>23 properties of the mesh affect the performance</p> <p>24 of the mesh?</p>	<p>1 it's too tight, so yes.</p> <p>2 Q. Would you agree that stiffness</p> <p>3 of the TVT mesh is one of the properties that</p> <p>4 may affect the safety profile of the mesh?</p> <p>5 A. Yes. It has to be flexible,</p> <p>6 not too stiff, and that's what we see with</p> <p>7 the TVT.</p> <p>8 MR. FAES: Object and move to</p> <p>9 strike after the word "stiff."</p> <p>10 BY MR. FAES:</p> <p>11 Q. Would you agree that the</p> <p>12 surface area of the mesh is one property that</p> <p>13 affects the safety profile of the mesh?</p> <p>14 A. I don't know that that has much</p> <p>15 bearing on the safety profile, so no.</p> <p>16 Q. Do you agree that the tensile</p> <p>17 strength of the TVT mesh is one property that</p> <p>18 affects the safety profile of the mesh?</p> <p>19 A. No, I think that speaks more to</p> <p>20 the durability of the mesh.</p> <p>21 Q. Well, would you agree that</p> <p>22 tensile strength of the mesh is one property</p> <p>23 that affects the efficacy of the mesh?</p> <p>24 A. Yes.</p>

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<p>1 Q. Would you agree that surface</p> <p>2 area of the mesh is one property that affects</p> <p>3 the efficacy of the mesh?</p> <p>4 A. Yes, I can agree with that,</p> <p>5 because if it were really narrow or really</p> <p>6 wide, it could change the efficacy.</p> <p>7 Q. Would you agree that if the</p> <p>8 mesh were too narrow to the point of a</p> <p>9 string, it could affect the efficacy or cause</p> <p>10 urinary retention?</p> <p>11 A. Yes, if it were too tight.</p> <p>12 Q. Doctor, do you know what the</p> <p>13 standard is that a manufacturer should follow</p> <p>14 when designing mesh products?</p> <p>15 MR. GAGE: Object to form.</p> <p>16 A. Whose standard are you</p> <p>17 referring to?</p> <p>18 BY MR. FAES:</p> <p>19 Q. I'm just asking, do you know of</p> <p>20 any standards that manufacturers should or</p> <p>21 must follow in designing mesh products?</p> <p>22 A. Not that I'm aware of.</p> <p>23 Q. Are you familiar with ISO</p> <p>24 standards at all?</p>	<p>1 company researches -- a medical device</p> <p>2 company researches before a product is</p> <p>3 designed?</p> <p>4 MR. GAGE: Object to form.</p> <p>5 A. I have ideas and conjectures,</p> <p>6 but I don't know specifically what they --</p> <p>7 what they do.</p> <p>8 BY MR. FAES:</p> <p>9 Q. Would you agree that surgery</p> <p>10 rates for stress urinary incontinence have</p> <p>11 increased since the introduction of the TVT?</p> <p>12 A. That surgery rates have</p> <p>13 increased? I think so, yes.</p> <p>14 Q. Have your surgery rates</p> <p>15 increased following the adoption of the TVT?</p> <p>16 A. Well, it's hard to say with me</p> <p>17 because I came out of training right when it</p> <p>18 was released. So I've --</p> <p>19 Q. So you don't have --</p> <p>20 A. -- only really practiced in the</p> <p>21 era of TVT.</p> <p>22 Q. So you can't really answer that</p> <p>23 because you don't have a really good</p> <p>24 before-and-after picture?</p>
Page 63	Page 65
<p>1 A. Not that I can remember.</p> <p>2 Q. Do you know what</p> <p>3 responsibilities a manufacturer holds in</p> <p>4 designing mesh products?</p> <p>5 A. No.</p> <p>6 Q. Do you know what kinds of</p> <p>7 things a medical device company researches</p> <p>8 before a product is designed or released?</p> <p>9 A. Could you repeat that question?</p> <p>10 Q. Sure. Do you know what kinds</p> <p>11 of things a company researches before a</p> <p>12 product is designed or released?</p> <p>13 MR. GAGE: Object to form.</p> <p>14 A. Well, I think they research the</p> <p>15 safety and efficacy of the product before</p> <p>16 they release it. Did I answer that question?</p> <p>17 BY MR. FAES:</p> <p>18 Q. Let me change my question a</p> <p>19 little bit.</p> <p>20 A. Okay.</p> <p>21 Q. Obviously they can't research</p> <p>22 the safety and efficacy of a device before</p> <p>23 it's designed. So I'll change the question</p> <p>24 to, do you know what kinds of things a</p>	<p>1 A. Correct.</p> <p>2 Q. You can answer if you know. Do</p> <p>3 you know if Dr. Anhalt's surgery rates</p> <p>4 increased following the adoption of TVT?</p> <p>5 A. I don't -- I don't know.</p> <p>6 Q. Are synthetic mesh products</p> <p>7 designed to increase surgery rates?</p> <p>8 A. I don't know if that's why</p> <p>9 they're designed.</p> <p>10 Q. Would you agree -- strike that.</p> <p>11 Do you agree or disagree with</p> <p>12 the following statement: Some physicians</p> <p>13 feel that the current mesh materials in</p> <p>14 slings are too hard and patients can feel it;</p> <p>15 a softer mesh may be of benefit to patients?</p> <p>16 A. I disagree.</p> <p>17 MR. GAGE: Time.</p> <p>18 MR. FAES: Want to go off the</p> <p>19 record for a second? I think I'm</p> <p>20 done. I might have like three more</p> <p>21 questions, or I may be done.</p> <p>22 (Recess Taken From 12:19 p.m.</p> <p>23 To 12:20 p.m.)</p> <p>24</p>

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<p style="text-align: right;">Page 66</p> <p>1 BY MR. FAES:</p> <p>2 Q. Doctor, we're back on the</p> <p>3 record. Are you ready to proceed?</p> <p>4 A. Yes.</p> <p>5 Q. Doctor, do you know who Schlomo</p> <p>6 Raz is?</p> <p>7 A. Yes.</p> <p>8 Q. Would you agree that he's one</p> <p>9 of the most respected pelvic floor surgeons</p> <p>10 in the world?</p> <p>11 A. Yes.</p> <p>12 Q. Would you agree that he's an</p> <p>13 expert in treating mesh complications?</p> <p>14 A. Probably at this point, yes.</p> <p>15 Q. Would you agree that he has</p> <p>16 more experience and expertise in pelvic floor</p> <p>17 surgery than you do?</p> <p>18 A. He's definitely got more</p> <p>19 experience, yes.</p> <p>20 MR. FAES: No further</p> <p>21 questions.</p> <p>22 EXAMINATION</p> <p>23 BY MR. GAGE:</p> <p>24 Q. Dr. Pramudji, do you recall</p>	<p style="text-align: right;">Page 68</p> <p>1 FURTHER EXAMINATION</p> <p>2 BY MR. FAES:</p> <p>3 Q. Doctor, when you serve as an</p> <p>4 expert, you want to be fair and impartial,</p> <p>5 right?</p> <p>6 A. Correct.</p> <p>7 Q. In order to be fair and</p> <p>8 impartial, you want to review the evidence</p> <p>9 and get all sides of the story, right?</p> <p>10 A. Correct.</p> <p>11 MR. FAES: No further</p> <p>12 questions.</p> <p>13 MR. GAGE: So we're done.</p> <p>14 (Deposition Concluded At</p> <p>15 12:22 p.m.)</p> <p>16 --o0o--</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>
<p style="text-align: right;">Page 67</p> <p>1 being asked about whether you had reviewed</p> <p>2 certain depositions of Ethicon employees?</p> <p>3 A. Yes.</p> <p>4 Q. And in response to one of those</p> <p>5 questions, you said, the fact whether you</p> <p>6 reviewed one or more of those depositions was</p> <p>7 not going to trump your experience and the</p> <p>8 literature. Do you recall that response?</p> <p>9 A. Yes.</p> <p>10 Q. What does that mean?</p> <p>11 A. That means that the body of</p> <p>12 literature and my own experience in over a</p> <p>13 thousand patients is more important to my</p> <p>14 opinions than the opinions of company</p> <p>15 employees.</p> <p>16 Q. Why is that?</p> <p>17 A. Because that is the actual</p> <p>18 clinical outcome, actually what is happening</p> <p>19 when you put in a TVT, and it's -- my</p> <p>20 experience and the data show that it is very</p> <p>21 safe and very efficacious.</p> <p>22 MR. GAGE: No more questions.</p> <p>23</p> <p>24</p>	<p style="text-align: right;">Page 69</p> <p>1 CERTIFICATE</p> <p>2 I, MICHEAL A. JOHNSON, Registered</p> <p>3 Diplomate Reporter, Certified Realtime</p> <p>4 Reporter, Certified Court Reporter and Notary</p> <p>5 Public, do hereby certify that prior to the</p> <p>6 commencement of the examination, CHRISTINA</p> <p>7 PRAMUDJI, M.D. was duly sworn by me to</p> <p>8 testify to the truth, the whole truth and</p> <p>9 nothing but the truth.</p> <p>10 I DO FURTHER CERTIFY that the</p> <p>11 foregoing is a verbatim transcript of the</p> <p>12 testimony as taken stenographically by and</p> <p>13 before me at the time, place and on the date</p> <p>14 hereinbefore set forth, to the best of my</p> <p>15 ability.</p> <p>16 I DO FURTHER CERTIFY that pursuant</p> <p>17 to FRCP Rule 30, signature of the witness was</p> <p>18 not requested by the witness or other party</p> <p>19 before the conclusion of the deposition.</p> <p>20 I DO FURTHER CERTIFY that I am</p> <p>21 neither a relative nor employee nor attorney</p> <p>22 nor counsel of any of the parties to this</p> <p>23 action, and that I am neither a relative nor</p> <p>24 employee of such attorney or counsel, and</p> <p>that I am not financially interested in the</p> <p>action.</p> <p>MICHEAL A. JOHNSON, RDR, CRR NCRA Registered Diplomate Reporter NCRA Certified Realtime Reporter Certified Court Reporter</p> <p>Notary Public in and for the State of Texas My Commission Expires: 8/8/2016</p> <p>Dated: March 24, 2016</p>

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1 INSTRUCTIONS TO WITNESS	1 ACKNOWLEDGMENT OF DEPONENT
2	2
3 Please read your deposition over	3
4 carefully and make any necessary corrections.	4 I, CHRISTINA PRAMUDJI, M.D., do
5 You should state the reason in the	5 hereby certify that I have read the foregoing
6 appropriate space on the errata sheet for any	6 pages and that the same is a correct
7 corrections that are made.	7 transcription of the answers given by me to
8 After doing so, please sign the	8 the questions therein propounded, except for
9 errata sheet and date it.	9 the corrections or changes in form or
10 You are signing same subject to	10 substance, if any, noted in the attached
11 the changes you have noted on the errata	11 Errata Sheet.
12 sheet, which will be attached to your	12
13 deposition.	13 CHRISTINA PRAMUDJI, M.D. DATE
14 It is imperative that you return	14
15 the original errata sheet to the deposing	15 Subscribed and sworn to before me this
16 attorney within thirty (30) days of receipt	16 _____ day of _____, 20 ____.
17 of the deposition transcript by you. If you	17 My commission expires: _____
18 fail to do so, the deposition transcript may	18
19 be deemed to be accurate and may be used in	19 _____
20 court.	20 Notary Public
21	21
22	22
23	23
24	24
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2 PAGE LINE CHANGE	2
3 _____	3 PAGE LINE
4 REASON: _____	4 _____
5 _____	5 _____
6 REASON: _____	6 _____
7 _____	7 _____
8 REASON: _____	8 _____
9 _____	9 _____
10 REASON: _____	10 _____
11 _____	11 _____
12 REASON: _____	12 _____
13 _____	13 _____
14 REASON: _____	14 _____
15 _____	15 _____
16 REASON: _____	16 _____
17 _____	17 _____
18 REASON: _____	18 _____
19 _____	19 _____
20 REASON: _____	20 _____
21 _____	21 _____
22 REASON: _____	22 _____
23 _____	23 _____
24 REASON: _____	24 _____

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